

<b>Case Number:</b>	CM14-0070794		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	04/23/2001
<b>Decision Date:</b>	09/08/2014	<b>UR Denial Date:</b>	04/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/16/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Anesthesiology has a subspecialty in Pain Management and is licensed to practice in Texas. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records: The injured worker is a 69-year-old female injured on 04/23/01 due to an undisclosed mechanism of injury. Diagnoses included post laminectomy syndrome of the cervical and lumbar region, bilateral foot pain, degenerative disc disease of the lumbar spine, greater trochanteric bursitis, anxiety/depression, bilateral hip pain, polycythemia, bilateral knee pain, and right carpal tunnel syndrome. Clinical note dated 03/18/14 indicates the injured worker presented complaining of bilateral arm, leg, shoulder and neck pain. The injured worker rated pain as 2-5/10 with the ability to tolerate a pain level of 2/10. Physical examination revealed no deformity or scoliosis noted with kyphotic posture and a steady slight antalgic gait, no cane used, and restricted cervical spine range of motion. Documentation indicates medication helps with daily function without side effects. Medications listed to include Voltaren gel, Ibuprofen 800mg to 1 tablet three times a day, Robaxin 500mg 1 tablet four times a day as needed and Norco 10/325mg to 1 tablet three times a day. The initial request for Lidocaine 5% ointment apply to affected area three times a day as needed #2 tube was initially not medically necessary on 04/29/14.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Lidocaine 5 percent ointment; Apply to affected area TID PRN #2 tube: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine Indication, Lidoderm, Topical analgesics Page(s): 111-112.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 56.

**Decision rationale:** The Expert Reviewer's decision rationale: As noted on page 56 of the Chronic Pain Medical Treatment Guidelines, the safety and efficacy of compounded medications has not been established through rigorous clinical trials. Lidocaine is recommended for a trial if there is evidence of localized pain that is consistent with a neuropathic etiology. There should be evidence of a trial of first-line neuropathy medications (tri-cyclic or serotonin norepinephrine reuptake inhibitor anti-depressants or an anti-epileptic drugs such as gabapentin or Lyrica). Lidocaine is not generally recommended for treatment of osteoarthritis or treatment of myofascial pain/trigger points therefore Lidocaine 5 percent is not medically necessary.